



Last Updated: 06/25/2026

Youth Re-entry Targeted Case Management (RTCM) Implementation

The purpose of this bulletin is to inform providers that effective **July 1, 2026**, Medicaid will begin covering a new service, Re-Entry Targeted Case Management (RTCM). RTCM is being implemented as part of Virginia's plan to comply with the Consolidated Appropriations Act (CAA) Section 5121 (2023) which requires states to provide specific Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) and targeted case management for eligible adjudicated youth and young adults transitioning out of incarceration.

RTCM is a short-term service that begins 30 days prior to release and continues for two months following release, for a total service period of three months. RTCM includes assessment, development of a person-centered Individual Service Plan (ISP), referral and care coordination with service providers, and ongoing monitoring of services delivered pursuant to the ISP. Referral and related activities includes referrals to appropriate care and services available in the geographic region of the home or residence of the eligible individual, where feasible (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including: activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan. RTCM also includes a warm hand-off to ongoing care and Cardinal Care Managed Care (CCMC) care management.

While eligible individuals may be enrolled in CCMC while receiving RTCM, RTCM is carved out of the CCMC Contract and covered by fee for service (FFS) for the entire duration of the service.

Eligible Juveniles

All individuals who are in the target population ("eligible juveniles" as defined in Section 5121 of the Consolidated Appropriations Act of 2023) are eligible to receive the service:

1. Individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children age 18 up to age 26, immediately before becoming an inmate of a public institution or while an inmate of a public institution **and**
2. who are within 30 days of their scheduled date of release from a public institution



following adjudication, and for at least 30 days following release.

Provider Qualifications

The enrolled TCM provider shall be a case manager employed through a Community Services Board (CSB) and licensed to provide case management services by the Department of Behavioral Health and Developmental Services (DBHDS). CSBs, the local level agencies for DBHDS, are the single point of entry into Virginia's publicly funded mental health, developmental, and substance use services system. Providers will enroll with Provider Class Type 156 or 456 and Provider Specialty 923.

Questions?

Additional details will be included in a forthcoming update to the Mental Health Services and Addiction and Recovery Treatment Services (ARTS) Manuals.

- Questions related to provider enrollments can be directed to Provider Enrollment Services at VAMedicaidProviderEnrollment@gainwelltechnologies.com or phone 1-888-829-5373.
- Questions related to Targeted Case Management Services can be sent to Reentry@dmas.virginia.gov

To avoid disruption to claims payment through FFS and the MCOs providers must periodically check the DMAS provider portal, also known as the Provider Services Solution (PRSS), to ensure that the provider's enrollment, contact information, and license information is up to date, for all of the provider's respective service locations. Under federal rules, MCOs and DMAS are prohibited from paying claims to network providers who are not enrolled in PRSS. Additional information is provided on the [MCO Provider Network Resources webpage](#) and includes links to resources, tutorials and contact information to reach Gainwell with any provider enrollment or revalidation related questions. Dental providers should continue to enroll directly through the DMAS Dental Benefits Administrator, DentaQuest.

PROVIDER CONTACT INFORMATION & RESOURCES

Virginia Medicaid

Web Portal

Automated Response System (ARS)

Member eligibility,
claims status, payment
status, service limits,
service authorization
status, and remittance
advice.

<https://vamedicaid.dmas.virginia.gov/>



Medicaid (Audio Response System)

Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.

1-800-884-9730 or 1-800-772-9996

Provider Appeals

DMAS launched an appeals portal in 2021. You can use this portal to file appeals and track the status of your appeals. Visit the website listed for appeal resources and to register for the portal.

<https://www.dmas.virginia.gov/appeals/>

Managed Care Programs

Cardinal Care Managed Care and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan may utilize different guidelines than those described for Medicaid fee-for-service individuals.

Cardinal Care Managed Care PACE

<https://www.virginiamanagedcare.com/en>
[Program of All-inclusive Care](#)

In-State: 804-270-5105

Out of State Toll Free: 888-829-5373

Email: VAMedicaidProviderEnrollment@gainwelltechnologies.com

Provider Enrollment

Provider HELPLINE

Monday-Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available.

1-804-786-6273

1-800-552-8627

Aetna Better Health of Virginia

<https://www.aetnabetterhealth.com/virginia/providers/index.html>

Prior Auth requests can be faxed or called to the following numbers:

Phone: 1-800-279-1878

Med4/ FAMIS Fax: 1-866-669-2454

CCC Plus Fax: 1-855-661-1828

<http://www.anthem.com/>

Anthem HealthKeepers Plus

Prior Authorization information can be found

here: <https://providers.anthem.com/virginia-provider/resources/prior-authorization-requirements>

Call Provider Services: 1-800-901-0020 TTY: 711

Fax medical prior authorization request forms to:

Inpatient fax: 1-866-920-4095

Outpatient fax: 1-800-964-3627

LTSS fax: 1-844-864-7853

<https://provider.humana.com/medicaid/virginia-medicaid>

Humana Healthy Horizons

Provider Services Call Center

Prior Authorization information can be found here:

<https://provider.humana.com/medicaid/virginia-medicaid/prior-authorization>

Submit request via Availaty porta, phone or fax:

Phone requests:

1-855-223-9868 or 1-844-881-4482 (TTY: 711)

Fax complete form to:

1-877-486-2621.

1-800-881-2166 <https://www.sentarahealthplans.com/providers>

Sentara Community Plan

Submit authorizations via portal or phone

Portal information can be found

here: <https://www.sentarahealthplans.com/en/providers/claims-authorizations/authorizations>

Phone request:

1-757-552-7474 or 1-800-229-8822



Department of Medical Assistance Services
600 East Broad Street
Suite 1300
Richmond, VA 23219

<https://dmas.virginia.gov>

MEDICAID BULLETIN

United Healthcare

www.uhcprovider.com/

1-844-284-0146

To notify UHC or request a medical prior authorization:

Portal information can be found here: UHCprovider.com/priorauth

or call provider services 1-844-284-0146

Acentra Health

Behavioral Health and
Medical Service
Authorizations

<https://vamedicaid.dmas.virginia.gov/sa>

1-804-622-8900

Dental Provider

DentaQuest

1-888-912-3456

Fee-for-Service (POS)

Prime Therapeutics

<https://www.virginiamedicaidpharmacyservices.com/>

1-800-932-6648